



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Gerd W. Clabaugh, MPA
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

To: Health Care Facilities & Health Care Providers
From: Iowa Care for Yourself – WISEWOMAN Program
Re: Information about Health Care Provider Enrollment

Thank you for agreeing to provide services for the Care for Yourself (CFY) – WISEWOMAN Program. The Care for Yourself Program is administered by the Iowa Department of Public Health (IDPH) and funded with federal funds through the Centers for Disease Control and Prevention (CDC).

Prior to enrolling as a health care facility for the Care for Yourself – WISEWOMAN Program, please review the Health Care Facility and Health Care Provider Guide. Enrollment documents can be found at: www.idph.iowa.gov/cfy/information-for-healthcare-providers

The following items must be completed and returned to the Iowa Department of Public Health.

- The ***Iowa Care for Yourself – WISEWOMAN Cooperative Agreement***
 - Only one Cooperative Agreement per Corporation/Tax ID number is required.
- The ***Iowa Care for Yourself – WISEWOMAN Application for Health Care Facility and Health Care Provider Enrollment***
 - Each participating facility including the corporation/lead facility will need to fill out the two-page “**Application for Health Care Facility Enrollment**” that will (a) confirm the physical location of each facility, and (b) identify a point of contact for each facility and (c) its billing staff.
 - On the Application for Health Care Facility and Health Care Provider Enrollment, list the names of all health care providers within each facility who will be providing Care for Yourself – WISEWOMAN screening services.
- W-9 form, signed within the last 12 months; and
- A copy of the CLIA Certificate, if applicable.

The cooperative agreement is not effective until the document has been fully executed with signatures of both parties and received by the Corporation/Lead Facility. The fully executed agreement will be scanned and electronically sent back to the applicant.

To submit the required materials, please send them in an email to Sonya.Loynachan@idph.iowa.gov. The subject line should state “WW Enrollment” and the Corporation/Lead Facility name.

For further questions, please contact Sonya Loynachan at Sonya.Loynachan@idph.iowa.gov or 515-725-0693.